## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
	DENTIFICATION NUMBER ▼
LIBERTY FOR ALL SUPER PAC	C00514653
Check If 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
NEBO MEDIA	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 3775	03 2012
City State Zip Code Amount	
WASHINGTON DC 20007	42085.00 n ID : SE.4196
Purpose of Expenditure ADVERTISING - TV  Category/ Type  Office Sought:	House State: MI Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure:	President
NANCY CASSIS Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo	or: Primary General (specify)
Full Name (Last, First, Middle Initial) of Payee Date	
M = M	/ D D / Y T Y T Y
Mailing Address  Amount	
City State Zip Code	
	7
Purpose of Expenditure  Category/ Type  Office Sought:	House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo	or: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	42085.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
CHRIS MARSTON  [Electronically Filed] Date 09 15	
Signature Date 09 19	2012

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## : 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F24N Transaction ID:

Report filed late. Discovered failure to report in preparing Sept 20 Monthly report.

Form/Schedule: Transaction ID: